

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Sequence Submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	Anti-fibril Peptides
Attorney Docket Number::	0212.1 Hammer
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	9
Small Entity?::	Yes
Licensed US Govt. Agency::	Nat'l Institutes of Health
Contract or Grant Numbers::	1R01 AG17983-01

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Middle Name::	P.
Family Name::	Hammer
City of Residence::	Baton Rouge
State or Province of Residence::	Louisiana
Country of Residence::	US
Street of mailing address::	4967 Tulane Drive
City of mailing address::	Baton Rouge
State or Province of mailing address::	Louisiana

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 70808

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CN  
Status:: Full Capacity  
Given Name:: Yanwen  
Family Name:: Fu  
City of Residence:: San Diego  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 9585 Genesee Avenue, Apt. #A1  
City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92121

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jed P.  
Family Name:: Aucoin  
City of Residence:: Baton Rouge  
State or Province of Residence:: Louisiana  
Country of Residence:: US  
Street of mailing address:: 11070 Mead Road, Apt. #1413  
City of mailing address:: Baton Rouge  
State or Province of mailing address:: Louisiana  
Country of mailing address:: US

Postal or Zip Code of mailing address:: 70816

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Tod  
Middle Name:: J.  
Family Name:: Miller  
City of Residence:: Smyrna  
State or Province of Residence:: Tennessee  
Country of Residence:: US  
Street of mailing address:: 424 St. Francis Avenue  
City of mailing address:: Smyrna  
State or Province of mailing address:: TN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27167

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: L.  
Family Name:: McLaughlin  
City of Residence:: Tampa  
State or Province of Residence:: Florida  
Country of Residence:: US  
Street of mailing address:: 4202 E. Fowler Avenue  
City of mailing address:: Tampa  
State or Province of mailing address:: FL

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 33620

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robin L.  
Family Name:: McCarley  
City of Residence:: Prairieville  
State or Province of Residence:: Louisiana  
Country of Residence:: US  
Street of mailing address:: 18537 Plantation Court Drive  
City of mailing address:: Prairieville  
State or Province of mailing address:: Louisiana  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 70769

**Correspondence Information**

Correspondence Customer Number:: 25547  
Phone Number:: (225) 387-3221, (225) 381-0257  
Fax Number:: (225) 346-8049  
E-Mail address:: John.Runnels@TaylorPorter.com

**Representative Information**

Representative Customer Number::	25547
----------------------------------	-------

**Domestic Priority**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Non-provisional of	60/412,081	09/19/02